

Offender Name	DOC Number	Facility
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The above named offender has asked that you be placed on his/her approved visitor list. If you wish to visit this offender please complete this questionnaire completely and return it to \_\_\_\_\_.

at \_\_\_\_\_.

You will be notified by the offender if and when you are approved to visit. If you are approved for visits, you should be aware that specific dress standards apply. Please check with the offender or facility prior to your first visit to ensure compliance with the dress code.

If you do not return this questionnaire within 30 days, we will assume you do not wish to visit.

**READ CAREFULLY: All questions MUST be answered. Any omission or falsification of this questionnaire will be sufficient reason to deny or cancel visiting privileges. If you are under the age of 18, you must have notarized written consent from your parent or legal guardian to visit. Minors must be accompanied during the visit by a parent or legal guardian. Please return your questionnaire by \_\_\_\_/\_\_\_\_/\_\_\_\_, or we will assume you do not wish to visit.**

Name (First, MI, Last)		Date of Birth		Place of Birth	
Mailing Address (Street)		(City)	(State)	(Zip code)	
Telephone Number ( )		Social Security Number*		ID Type	ID Number
Maiden Name		Previous Married Names			Driver's License Number
Height	Weight	Eyes	Hair	Gender	Race
				Email Address	
Relationship to Offender: (e.g., mother, wife, friend, etc.) <b>Proof of Relationship may be required.</b>					Visiting Rules Received? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been involved in illegal or criminal activity with this offender? ☐ Yes ☐ No. If "yes", when and where?

\_\_\_\_\_

Are you presently under active supervision by any state or local criminal justice entity? ☐ Yes ☐ No

\_\_\_\_\_

If "yes", you must be an immediate family member and submit with this questionnaire written permission to visit from your supervising authority.

Are you presently approved to visit any other offender?  
☐ Yes ☐ No. If "yes", please list name, date, DOC number, relationship, and location:

\_\_\_\_\_

Have you ever been approved to visit any other offender?  
☐ Yes ☐ No. If "yes", please list name, date, DOC number, relationship, and location:

\_\_\_\_\_

**NOTE:** You may not visit offenders at more than one facility unless you have the approval of the superintendent's of the applicable facilities.

\*Your Social Security Number is requested under the authority granted to a Superintendent pursuant to RCW 72.02.045 and will be used to perform a background check to ensure that you meet the criteria and eligibility for entering an adult correctional facility. Disclosure of your Social Security Number is mandatory if you wish to be granted visitation privileges. Information received may be shared with other law enforcement agencies when appropriate.

Have you ever been convicted of a felony? ☐ Yes ☐ No. If "yes," when and where?

\_\_\_\_\_

Are you now or have you ever been employed by the Washington Department of Corrections (DOC) or by a current/former contractor or volunteered for DOC? ☐ Yes ☐ No ☐ Unknown. If "yes," where did you work and when?

\_\_\_\_\_

U. S. Citizen? ☐ Yes ☐ No. If "no," alien identification type and number \_\_\_\_\_

Country of citizenship \_\_\_\_\_

Have you ever been incarcerated in the Department of Corrections?  
☐ Yes ☐ No. Release Date: \_\_\_\_\_

Number of months you have known offender. \_\_\_\_\_

Have you ever been denied visiting privileges at a Department of Corrections facility? ☐ Yes ☐ No. If "yes," when, where and why?

**IN CASE OF EMERGENCY CALL:**

NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

MEDICAL INFORMATION (Optional) \_\_\_\_\_

I understand that a background check will be conducted, including arrests and convictions. I understand that untruthful or misleading answers or deliberate omissions will be cause for rejection of my application, removal of my name from eligible visitor lists, or termination of my visiting privileges, if approved.

**SEARCH OF VISITORS:** To prevent possible delivery of weapons, controlled substances, or contraband to offenders, all visitors are subject to pat, strip, electronic, locker, vehicle, and canine searches and inspections of any purses, packages, briefcases, or similar containers which are brought onto the premises or the facility grounds.

**REFUSAL TO BE SEARCHED:** A visitor has the option of refusing to be searched, but may then be removed from the facility and denied visiting privileges or entrance to the facility for a period not to exceed 90 days. If a visitor refuses to be searched on more than one instance, their visiting privileges may be denied permanently.

I, the undersigned, understand the search procedures written above and hereby grant authority to the facility to search my person or property in compliance with these procedures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PARENT OR LEGAL GUARDIAN CONSENT**

**Notarized, written permission from a non-incarcerated parent or legal guardian is required before a minor (i.e., under the age of 18) may visit an offender. I understand that the visits may be contact visits. A certified copy of the minor's birth certificate and, if appropriate, a copy of the filed court order establishing legal guardianship must accompany this form.**

**Please include a self addressed stamped envelope if you would like the originals returned to you.**

I, \_\_\_\_\_ hereby give my consent as  
Full Name (print) Signature

legal guardian or parent, for the above named person to visit offender \_\_\_\_\_  
Offender Name

\_\_\_\_\_ residing at  
DOC Number

\_\_\_\_\_  
Facility

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
Day Month, Year

SEAL

\_\_\_\_\_  
(Signature)

NOTARY PUBLIC in and for the state of \_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
My Commission Expires

**DO NOT WRITE BELOW THIS LINE**

OMNI Quick Search \_\_\_\_\_  
Date

NCIC \_\_\_\_\_  
Date

Discus \_\_\_\_\_  
Date

WACIC \_\_\_\_\_  
Date

☐ Approved ☐ Denied \_\_\_\_\_  
Date

Reason:

Entered into Info Port

By \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14*